

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
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07049524	,
DATE RECEIVED	

UNITORM LIMITED OFFERING EXEM	IFIION L	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)		·····
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(ex) Type of Filing: New Filing Amendment	5) ULOE	395446
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		
Perpetual Industries Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Nun	ber (Including Area Code)
Suite 110, #5 - 8750 Macleod Trail South, Calgary AB T2H 0M4	403.214.4321	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Nu	mber (Including Area Code)
Brief Description of Business		DO 0700-
Manufacturing	P	ROCESSED
Type of Business Organization Corporation Itimited partnership, already formed other business trust limited partnership, to be formed	(please specify):	APR 0 6 2007
Month Year Actual or Estimated Date of Incorporation or Organization: [] 1 [] 5 [] Actual [] Est Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	imated te:	THOMSON FINANCIAL
GENERAL INSTRUCTIONS		
Federal: <i>Who Must File</i> : All issuers making an offering of securities in reliance on an exemption under Regulation I 77d(6).	or Section 4(6), 17 (FR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	0549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copi	es not manually signed must b
Information Required: A new filing must contain all information requested. Amendments need only repthereto, the information requested in Part C, and any material changes from the information previously supnot be filed with the SEC.	ort the name of the i plied in Parts A and E	ssuer and offering, any change 3. Part E and the Appendix nee
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administ or the exemption, a	trator in each state where sale fee in the proper amount sha
ATTENTION		
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate tederal notice will not result in a loss of an available state exemption unifiling of a federal notice.		

Persons who respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

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		(A-BASIGID	ENTIFICATION DATA		
2. Enter the information r	equested for the fo			· · · · · · · · · · · · · · · · · · ·	
Each promoter of	the issuer, if the is	suer has been organized v	vithin the past five years;		
		-	-	of, 10% or more o	f a class of equity securities of the issuer
		•	corporate general and ma	-	- ·
		of partnership issuers.	,		, p,,,,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Bedford, Brent	if individual)				
Business or Residence Addr #5, 8720 Macleod Trail		Street, City, State, Zip C , Calgary, AB T2H 0N	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip C	ode)		
				<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · ·	
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	<u></u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		•			Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. (NFORMAT	ION/ABOU	TOFFERI	NG				er.
											Yes	No
1. Has the	e issuer sol	d, or does th								······		团
					Appendix		_					
2. What i	s the minin	um investn	ent that w	ill be acce	pted from a	any individ	lual?					
3. Does th	he offering	permit join	t ownershi	n of a sing	de unit?						Yes	No E
		tion request	.*									₽ .
commi If a per or state : a broke	ssion or sim son to be lis s, list the na er or dealer	ilar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de et forth the	olicitation rson or age aler. If m	of purchasent of a broker ore than five	ers in conne cer or deale e (5) persor	ection with r registered ns to be list	sales of sed d with the S ed are asso	curities in t SEC and/or	he offering with a state	;	
Full Name (N/A	(Last name	first, if indi	ividual)				,					
Business or	Residence	Address (N	lumber and	l Street, C	ity, State, 2	Zip Code)				'		
Name of As	ssociated B	roker or De	aler			•		······	<u>,</u>			
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		·	·-··			
(Check	"All State	s" or check	individual	States)				***************************************			☐ A1	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ΉĬ	ID
IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
RI	SC	SD	TN	TX	[UT]	\overline{VT}	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	ividual)		 					 		
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	sociated B	roker or De	aler	 .		-				<u> </u>		
States in W	hich Percor	Listed Hay	Solicited	or Intende	to Solicit	Durchacare	<u>, , , , , , , , , , , , , , , , , , , </u>	 		 		
		s" or check									☐ Al	1 States
AL	[AK]	AZ .	ARI	[CA]	CO	CT	DE	DC	(FL)	GA	ПП	רסדו
IL)	[N]	IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	N	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}$	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR
Full Name	(Last name	first, if indi	ividual)					<u> </u>	··. · · · ·			
Business o	r Residence	Address (1	Number and	d Street, C	City, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·				·	
Name of As	sociated B	roker or Dea	aler	· · · · · · · · ·	·				·			•
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	100	s" or check									☐ Al	l States
AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	
IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD)	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

@OFFERINGPRICE_NUMBER OPINVESTORS_EXPENSES AND USE OF PROGREDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	aneany exchangeo.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		75.000.00
	Convertible Securities (including warrants)	\$_75,000.00	75,000.00
	Partnership Interests		s
	Other (Specify)		
	Total		\$ 75,000.00
	Answer also in Appendix, Column 3, if filing under ULOE,		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this		•
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate	;	
	the number of persons who have purchased securities and the aggregate dollar amount of their	•	
	purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors		
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	4	\$_75,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities		
	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	;	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	
	Regulation A	•	-
	Rule 504	•	
	Total	•	\$ \$ 0.00
			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.		
	The information may be given as subject to future contingencies. If the amount of an expenditure is		
	not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs	[]. \$
	Legal Fees] \$
	Accounting Fees	[] \$
	Engineering Fees	[] \$
	Sales Commissions (specify finders' fees separately)	·····] \$ _
	Other Expenses (identify)] \$ _
	Total	г	T \$ 0.00

GOFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross 75,000.00 proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others Purchase, rental or leasing and installation of machinery Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another ______D\$_____D\$____ Other (specify): Column Totals \\ \sigma^0.00

D. FEDERAL SIGNATURE

__s_0.00

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Total Payments Listed (column totals added)

Issuer (Print or Type)	Signature	Date	
Perpetual Industries Inc.	Som	MARCH	15/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Brent W. Bedford	President and CEO		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

SIGNATURE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K
	Cae Annandiy Column 5 for state recogne		

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Perpetual Industries Inc.	33/11	MARCH 15/07
Name (Print or Type)	Title (Print or Type)	
Brent W. Bedford	President and CEO	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) investors in State offered in state (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No State Yes No Investors Amount Investors Amount ALAK ΑZ AR $\mathbf{C}\mathbf{A}$ \mathbf{CO} CTDE DC FL GA Н ID IL, IN IA KS KY LA ME MD MA MI MN MS

APPENDIX

1		2	3			4		5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE		·							
NV							-		
NH									
NJ					-				
NM									
NY									
NC									
ND						<u></u>	<u> </u>		
ОН									
OK									
OR		×	units @ \$0.20	4	\$75,000.00				×
PA									
RI									
sc									
SD									
TN									
TX									
UT									
VT									
VA									
WA						,			
wv									
WI							-		

	ABBENDIX										
I		2	3			5 Disqua	lification				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State			(if yes, explan waiver	ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											